

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/566589 FILING DATE _____
APPLICANT _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		•					53						
4		•					54						
5		•					55						
6		•					56						
7		•					57						
8		•					58						
9		•					59						
10	1						60						
11		•					61						
12		•					62						
13		•					63						
14		•					64						
15		•					65						
16		•					66						
17	1						67						
18		•					68						
19		•					69						
20		•					70						
21		•					71						
22		•					72						
23	1						73						
24		•					74						
25		•					75						
26	1						76						
27		•					77						
28		•					78						
29		•					79						
30		•					80						
31		•					81						
32		•					82						
33		•					83						
34		•					84						
35		•					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	5	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	39	←	←	←	←	←	TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	44						TOTAL CLAIMS						